Centennial High School

805 North Charlotte Street

Dickson, TN 37055

School Counseling Department

August 10, 2012

Dear Parent/Guardian:

As part of our mission to provide an excellent education for our students, the counseling department at Centennial High School offers students the opportunity to participate in small groups on a variety of topics throughout the school year. Group participation is voluntary. Group sessions are held during the school day and typically meet one time per week for a total of 6 weeks. Confidentiality of what students share in the group will be respected but cannot be guaranteed. There are limits to confidentiality. These limits include: if the counselor suspects child abuse or elderly abuse, if the counselor thinks the security of the school is at risk, if the counselor thinks the student might commit suicide or kill or hurt someone else, or if a judge orders the counselor to turn records in to the court. Records from each group session are kept locked up in a secure location.

Your child has been invited to participate in a group on identifying and responding to peer pressure. The group will begin on September 1st and will meet for a total of 6 weeks. The purpose of the group is for students to identify peer pressure situations and learn ways to resist negative peer pressure. By participating in this group, students will gain skills to respond to and resist negative peer pressure. The group will be run by Misty Cochran, Licensed Professional School Counselor.

Please sign the form on the next page and return it to me to allow your child to participate in this group by August 20, 2012.

Please feel free to contact me if you have any questions at 615-441-6074 or by email at [mdcochran@centennial.edu](mailto:mdcochran@centennial.edu)

Sincerely,

Misty Cochran, M.Ed.

Professional School Counselor

Centennial High School

805 North Charlotte Street

Dickson, TN 37055

School Counseling Department

Group Counseling Consent Form

Print Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Name: Identifying and Responding to Peer Pressure***\_\_\_\_\_***

***Please check one:***

\_\_\_\_ I have read and understand the above information, and I give permission for my child to participate in this group. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of group counseling services.

\_\_\_\_ I have read and understand the above information, and I choose to decline group participation for my child at this time.

***Please sign and date:***

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_